

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6656

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. 1014 Broadway

St. _____ Ward _____

2. FULL NAME Mrs. Sarah Jane McCormick

(a) Residence, No. 1014 Broadway St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

D.D. McCormick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 15, 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

84

1

11

day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Watson town Penn.

MOTHER FATHER

13. NAME

J.E. McFarland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

Miss Sarah McCann 1014 Broadway

18. BURIAL, CREMATION, OR REMOVAL

PLACE Joplin, Mo. DATE _____ 19____

19. UNDERTAKER (ADDRESS)

D.W. Newcomer's Sons

20. FILED

2-27-37 M.M. Crowe asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/1 _____, 1937, to 2/26 _____, 1937

I last saw him alive on 2/26 _____, 1937. Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage 2/26 1937

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Wm. J. Ford M. D.

(Address) Walden, Beldy.

Waldheim Bldg

Vi 8952

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